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AUTHOR Howard, Judith S.
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ABSTRACT

Children who require modification of curriculum and methods in the regular classroom have often been inappropriately labeled as handicapped, and placed in special education programs to maintain the status quo in the schools. A need exists to break this cycle by training present and future school psychologists in methods of case analysis and intervention. The ecologically-oriented school consultation model interrupts the cycle of finding fault and assigning blame and focuses instead on restructuring the dysfunctional social systems in the school. The traditional approach operates under the assumption that attitudinal change in the caretaker will effect change in the child; the behavioral orientation works with the caretaker to change the consequences of the undesirable behavior, thus modifying the child. The family theory orientation would shift focus from the child's and/or caretaker's behavior to that of the child's family or the school-family interface. Treatment focus can then be directed towards changing nonproductive transactions between the identified child, teacher, classmates, administrator, parents, agents of the community, and self as the intervening professional. Teaching school psychology externs to think and to intervene systemically is the major thrust of the two semester Professional Seminars in School Psychology taught at Kean College of New Jersey. The seminar instructors use the ecological model derived from family systems theory, and methods borrowed from family therapy to effect second order changes in students' thinking about the role and the function of school psychologists. (A sample of teaching materials used to enhance systems-oriented thinking and behavior in school psychology trainees is appended). (LLL)

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TEACHING AND USING FAMILY SYSTEMS THINKING FOR EFFECTIVE PRE-REFERRAL INTERVENTION

Judith S. Howard, Ph.D.

School Psychology Program
Psychology Department
Kean College of New Jersey
Union, New Jersey 07083

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TEACHING AND USING FAMILY SYSTEMS THINKING FOR EFFECTIVE PRE-REFERRAL INTERVENTION

Judith S. Howard, Ph.D.
Kean College of New Jersey

SUMMARY

The training for and practice of school psychology has too long been dominated by the medical model that underlies PL 94-142 and state special education laws that mandate clinical evaluation and diagnosis of all children identified as experiencing learning or behavioral difficulties in school. Because large groups of children who require modification of curriculum and methods in the regular classroom have been misidentified, inappropriately labeled as handicapped, and placed in special education programs to maintain the status quo in the schools, a need exists to break the referral-test-place cycle by training present and future school psychologists in methods of case analysis and intervention that do not lead to overclassification and overplacement of children who are not truly handicapped. An ecologically oriented school consultation training model derived from family systems theory and methods borrowed from family therapy to be used in the school to effectively reduce misidentification at the PL 94-142 pre-referral level and to promote system change in the school itself are presented. Teaching techniques used to train externship level school psychology graduate students to think and intervene systemically are described. A sample of teaching materials used to enhance systems oriented thinking and behavior are appended.

The training for and practice of school psychology has been dominated for too long by the medical model that underlies PL 94-142 and state special education laws that mandate clinical evaluation and diagnosis of and special education for all children who experience learning or behavioral difficulties in school. Under the medical model, behaviors and conditions that prevent or impede pupil progress in school are seen to originate in the pupil or in its defective family and are defined in terms such as mental retardation and emotional disturbance. Under the law, school psychologists are required to use clinical methods to confirm or reject teachers' assumptions that particular pupils are too "handicapped" to benefit from education in the regular classroom. In particular, the school psychologist's function is to determine the nature or source of the identified child's defect and to devise educational treatment strategies to remove or alleviate it (Minor, 1972). Since under the medical model, the referral problem is seen to be "in" the child (Kaplan, Fine, Howard, & Wendt, 1982), a disproportionally large number of minority children who merely require some modification of methods in the regular classroom have been misidentified, then inappropriately labeled as handicapped, and placed in special education programs because schools have had, for too long, no other alternative for offering them the help they need (Lora v. NYC Bd of Ed., 1978; Larry P. v. Riles, 1971; Mercer, 1973). Although use of traditional clinical methods and prescriptive special education placement remains appropriate for all moderately and extremely handicapped children, a need exists to find other methods of intervention for minority children whose learning and behavioral difficulties are less severe and stem from deficiencies in the educational delivery system itself (Howard, 1980, 1983). In fact NASP, on March 23,

1983 addressed the urgency of this need by adopting a resolution, authored and also adopted by the National Association of State Consultants for School Psychological Services that recommended that all professional groups involved in assessment and placement of (minority) children seriously investigate the problem of overclassification and placement and make necessary changes in policy, training, and practices (NASP, 1983).

This paper addresses the issue of overclassification and unnecessary placement of minority children by presenting an ecologically oriented school consultation model derived from family systems theory that harnesses techniques borrowed from family therapy (Howard, 1980) that school psychologists can use to effectively reduce misidentification at the PL 94-142 prereferral and referral levels as well as for promoting systems change within the schools themselves (Howard & Hamway, 1982). It also briefly describes methods and materials used in the Kean College of New Jersey's Professional Seminar in School Psychology to teach externship level graduate students in school psychology how to apply the model and to think and intervene systemically when confronted with referrals in the schools.

The ecologically oriented school consultation model and methods borrowed from family therapy are recommended not only as alternatives to test-classify-place procedures but also as substitutes for the traditional mental health consultation model that attempts to modify the child through the teacher (Conoley, 1981; Meyers, 1981). They are also recommended as substitutes for the contemporary family therapy oriented consultation model that focuses on making change in the child by making change in his/her family (Wendt, 1982) and/or in the family-school interface (Fine, 1982), because it is this presenter's contention that both

family therapy and mental health approaches support the status quo of a deficient educational delivery system that is not meeting the needs of some minority children by perpetuating the myth that all children who do not benefit from the public schools' methods of instruction or educational management have defects "in" them, "in" their families, or "in" their teachers. The ecologically oriented school consultation model on the other hand, interrupts the cycle of finding fault and assigning blame and focuses instead on the restructuring of the dysfunctional social systems in the school that maintain the nonproductive behaviors of All concerned.

As will be seen, the ecologically oriented school consultation model and methods being proposed differ from the traditional mental health consultation model as well as the family therapy oriented model in both concept and practice. Traditional mental health consultation envisages the process as linear involving "at least a three-person chain of service (Meyers, Martin, & Hyman, 1977, p.3)," and an interaction between the psychologically trained consultant and the consultee (teacher or parent), to effect positive changes in the child client who is in the consultee's care (Conoley, 1981; Meyers, 1981; Meyers, Martin, & Hyman, 1977). Working under this model, the school psychologist might view a child's aggressive acting-out behavior psychodynamically and look for child-adult issues to be interpreted to the parent or teacher under the assumption that attitudinal change in the caretaker will effect change in the child. The school psychologist with a behavioral orientation would see the behavior as being caused and maintained by reinforcing events and would work with the caretaker to change the consequences of the undesirable behavior thus modifying the child. The school psychologist with a family therapy orientation shifts focus from the child's

and/or caretaker's behavior to that of the child's family (Wendt, 1982), or in the school-family interface (Fine, 1982). Although the latter two approaches use a systemic viewpoint which implies a circular rather than a linear process of causality, the approach remains linear as far as the school is concerned. Although the focus of intervention is the faulty family, the target for change is the behavior of the child which remains identified as the problem by the school. The target for change of the school psychologist who employs the ecologically oriented school consultation model is more radical. He/she works towards effecting change in the system that is the school and in the behaviors of all who participate in maintaining that system whether they be student, teacher, school psychologist, administrator, or board member. He/she sees the referral problem as being in the dysfunctional social system in the school that includes the consultant, the consultee (teacher or administrator), and identified child and views not only the causes but also the effects as circular since roles, functions, attitudes, and behaviors of all involved change with intervention.

In brief, the proposed ecological model views all behaviors within the school as an outgrowth of the interpersonal processes in the particular system in which it is embedded instead of the sole product of the referred child's intrapsychic processes, attitudes, physical defects, history or dysfunctional family (Aponte, 1976; Belsky, 1980; Bronfenbrenner, 1977; Carlson, Scott, & Eklund, 1980; Hobbs, 1975; Minor, 1972). Deviant academic or social behaviors are seen to result from, and be maintained by, a social system within the school that assigns roles and defines behavioral expectations and the function-related activities of faculty as well as children, to preserve the system's normal functioning or homeostasis (Aponte, 1976; Carlson, Scott, & Eklund, 1980; Guerin, Jr., 1976a; Jackson, 1968).

Interdependent interpersonal processes that include the assigned roles and functions of administrators, teachers, pupils, school psychologists, and community workers, the academic and behavioral demands of the setting, and the skills and competencies that the child brings to the situation, are all viewed as parts of the ecological system that has produced and maintained the deviant social or academic behavior in the school. For example, consider the case of the adolescent who refuses to go to school. The adolescent, his or her family, teachers, principal, school psychologist, attendance officer, probation officer, the municipal court judge, and the community agency, all have a vested interest in and derive dubious but obvious benefit from having the adolescent labeled "school phobic" and placed on home instruction. Each is relieved of the responsibility of examining his or her contribution to the perpetuation of the problem when the problem is identified as being "in" the adolescent. However, it is the social system that includes the child that has "failed", not the child alone.

Strategies borrowed from family therapy (Aponte, 1976; Bowen, 1976b; Guerin, Jr., 1976b; Haley, 1976; Minuchin, 1974) have particular power for intervention in the schools because of their roots in systems theory. They are effective because they have been designed for use in the natural group that supports the problem; because they remain both child-centered and child-protective despite their systems approach; and because they permit the school psychologist to rationally and deliberately examine the presenting problem in the context in which it takes place (Brodkin, 1980). They are adopted because their target is the modification of the here and now of the interdependent interpersonal transactions in the school that contribute to the maintenance of the self-defeating and non-productive behaviors being inappropriately applied to the solution of a problem. The goal of consultation via a family therapy approach is to bring about an alteration in the

view of the problem so that a more functional solution can be substituted. Such focused consultation is successful because change induced into any part of the system causes change in the system as a whole (Guerin, Jr., 1976b). Ch[illegible] in the system are promoted through the restructuring of the existing dysfunctional interdependent interpersonal transactions. The cycle of finding fault and assigning blame is interrupted during consultative sessions. Dynamics that support labeling of individuals as deficient or defective are altered. Adversarial relationships, scapegoating, and the manipulation of one system against another are eliminated. A workable compromise and a therapeutic contract is negotiated. Each person involved, including the school psychologist, accepts responsibility for making contributions to mutually defined and desired outcomes. At this point, and only if still necessary, does the school psychologist use traditional clinical methods to assist individual members of the system fulfill their respective portions of the therapeutic contract (Howard, 1980; Howard & Hamway, 1982).

Although some of the "how-to" aspects of ecological consultation require training in family therapy methods, the uniqueness of the approach is conceptual rather than technical. Its success rests not so much on "what" is done but in "how" a case is viewed and handled (Howard, 1980; Howard & Hamway, 1982). Effective application of the model and associated techniques requires abandonment of the medical model that sees any problem as being <u>in</u> someone as well as traditional clinical methods that diagnose "who" and "why," and that focus on helping individuals change themselves. Instead a systems view that looks at "what," "when," and "where," and in which responsibility is taken for developing strategies to directly effect change in the dysfunctional social system is adopted (Haley, 1976; Minuchin, 1974) by the school psychologist who

undertakes family systems oriented school consultation and intervention.

The proposed change of model, role, function, and consultative position that is proposed and described, and is being taught in Kean College's School Psychology Program, is a radical departure from the practice of traditional school psychology (Kaplan, 1982) because it views the child as an active contributor to the dysfunction that exists in each systems in which he/she is a member (Belsky, 1980; Bronfenbrenner, 1977). Traditional school psychology on the other hand focuses on the individual, is characterized by linear thinking regards cause and effect relationships derived from the medical model (Minuchin, 1978), and sees the identified child as limited by physical defects and/or acted upon by the significant others in the environment (Stone & Church, 1979) and in need of rescue from the inhospitable regular classroom, and/or of support and treatment because of negative home conditions (Dunn, 1973).

Adoption of the family systems model for school consultation also requires a reconceptualization of traditional clientage commitments to individuals and organizations. No longer can the district and the employer (Fagan, 1980; Prasse, 1980), the parent (Trachtman, 1981), or the child (Conoley, 1981; Hyman & Schreiber, 1981; Meyers, 1981; Meyers, Martin & Hyman, 1977) be perceived as the primary client of the school psychologist. The child advocate and child rescuer position (Hyman & Schreiber, 1981) also must be abandoned. Although the target of consultation and intervention remains child-centered and child protective (Brodkin, 1980), the primary client becomes the dysfunctional social system as a whole. Treatment focus can then be directed towards changing nonproductive transactions among identified child, teacher, classmates, administrator, parents, agents of the community, and self as the intervening professional. Eschewing his or her "regular" diagnosing,

labeling, removing, advice-giving, familiar and comfortable role, the school psychologist becomes instead a change agent, negotiator, and facilitator who actively enters the dysfunctional social system in the school causing it to reorganize around his/her presence and changed role and function (Haley, 1976; Minuchin, 1974).

Teaching school psychology externs to think and to intervene systemically is the major thrust of the two semester Professional Seminar in School Psychology, the final course of the school psychology training sequence. It is a challenging task to accomplish particularly since the major part of their training prior to the externship and seminar year has, of necessity, been focused on providing them with the clinical competence to correctly diagnose the kinds of moderate and severe handicaps that are unquestionably in children. In addition, the very nature of their concurrent externship experience in the public schools is such that linear thinking derived from the medical model is constantly reinforced. First of all, they are assigned to school psychologist supervisors functioning in a traditional fashion in the schools as members of child study teams that identify and classify children as handicapped, under the mandates of PL 94-142, if they are unable to benefit from instruction as now provided. Second of all, their basic externship assignment is to re-evaluate and reclassify children already labeled and treated as handicapped. In the third place, they come into the schools with the desire to provide as much "help" to children as they can and are confronted by the fact that generally the only instuctional extra "help" available is that provided on a "categorical" basis to classified "handicapped" children. Last but not least (nor to be underestimated) is the fact that they aspire to the role of "clinican" and the status that our society accords

it and have studied many years in order to be able to offer the "clinical" services associated with the highly respected "healing" role.

The seminar instructor uses the ecological model derived from family systems theory already described in this paper and methods borrowed from family therapy to effect second order changes in externship students' thinking about the role and function of school psychologists during the discussion of the legal, ethical, clinical, and clientage issues that are the content of the first semester of the course. "Consciousness raising" takes place through the medium of defining (and relabeling) "role," "function," "advocacy," "client," and "help," during presentation of the legal and ethical issues that surround evaluation, diagnosis, classification, and special education in general, as well as in relation to the over-representation of minority group children in certain categories of handicap. For example, a lively discussion prompted by presentation of Eysenck's moral dilemma (Mercer, 1973) which compares the positive and negative effects of both placement and nonplacement of handicapped children (see Appendix) is used, in particular, to relabel "help" achieved through classification and special education. In addition, the instructor uses skepticism as a tool when externs present cases for discussion that provide fairly clear pictures of "pragmatic" labeling of nonhandicapped or marginally handicapped children by the child study teams to achieve services not available otherwise. She also carefully avoids the use of "who" and "why" questions in her probing of these cases, modeling the "what," "where," and "when" technique and forcing students to examine other "causes" of problems and options other than complacent acceptance of the rationale that "that's the only way that it can be done in 'my' district."

Although the above-mentioned methods derived from family therapy are still used to effect second order change in externship students' thinking about the role and function of school psychologists during the second semester of the seminar, the systems model is formally presented and taught as a consultation model as well. Bronfenbrenner's ecological model (Bronfenbrenner, 1977; Belsky, 1980) enhanced by Minuchin's family systems model (Minuchin, 1974; Minuchin, et al, 1978) is used as a conceptual foundation for analysis of problem situations. Because students are not initially sensitive to all systems impacting on the cases they are working on in the schools, case study simulations (see Appendix) are provided by the instructor at first to effect second order change in the way the externs conceptualize referral problems and design interventions for understanding and resolving them. Changes in the amount of background material reported in actual case presentations, differences in language used to describe cases and interventions, and changes from linear to a systems analysis of cases being seen in the schools during the latter part of the semester demonstrate externs' beginning competence in systems thinking. In addition, some externs' reports of actual changes made in the way child study teams perceive cases in the schools as the result of externs' application of what has been learned in class provide stimulation for all to try the method in the "real world." These documented instances of second order change in the schools resulting from externs' application of the systems model and methods reinforce both externs and their professor. Since second order change in the externs' thinking is "real" change, she can assume they will never see school problems in the "old" linear way again, and as a result, will approach intervention differently as well.

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APPENDIX I

AN ECOLOGICAL APPROACH TO PREREFERRAL CONSULTATION AND INTERVENTION
Judith S. Howard, Ph.D., Kean College of New Jersey, Psy. 5999
SIMULATION SCENARIO

SIMULATION PROBLEM Identify critical components of the prereferral situation. Design an effective intervention strategy. Determine approach to be used, persons to be involved, and the target(s) of the intervention.

THE SITUATION It is February. Mr. Principal requests assistance. Miss Teacher, (second-year third-grade) is having serious problems with John Prereferral. He disrupts teaching, is not doing his work, and is not progressing academically. Attempts at individualizing instruction and disciplining haven't helped. She believes his problems stem recently broken home, poor parental discipline, and lack of necessary "mothering". Mrs. Mother has been in for a conference and has threatened to go to the Board if she continues to "be harassed by Miss Teacher about what obviously is a school problem." However she has agreed to permit members of the child study team to observe the situation so that recommendations can be made as to how to improve it.

Mrs. Anothermother, a good friend of a Board member, has also been in to see Mr. Principal. Miss Teacher had called her because Jim Anothermother has started to "fool around" with John Prereferral instead of paying attention to his "seat work" as he should. Mrs. Anothermother is upset because her son was assigned to Miss Teacher's class in the first place. She understands that Miss Teacher has problems in disciplining the youngsters who are bused in from another part of town as part of the district's desegregation plan and she doesn't want her son to be "learning bad behaviors from 'those' children." She also feels that Miss Teacher may not be doing a good teaching job because last year's MBS Test results indicated that Miss Teacher's class was performing below the district's average. She wants to be sure that her son is not being penalized academically and socially by his placement in Miss Teacher's class. Mr. Principal has assured her that the Board has taken steps to improve the academic performance of the school as a whole. Mr. Reading-Supervisor has just been employed and is giving Miss Teacher and other teachers instructions on how to teach minimum basic skills more effectively. As a result, it is expected that MBS Test scores of the total school will be higher this year than last year. Mr. Principal also assured Mrs. Anothermother that he will personally intervene to make sure that everything will be fine for her son.

Mr. Principal has visited Miss Teacher's classroom on a regular basis since and has frequently observed Johnny out of his seat, particularly in the morning when teaching is most highly structured. He has suggested that John's seat be moved close to Miss Teacher's desk so that she could offer him some attention by her proximity and that she walk about the room more when teaching rather than teaching from the front of the room as had been her basic method. Miss Teacher has followed both suggestions with little effect on Johnny. Although Mr. Principal feels that Miss Teacher's management and teaching techniques could still improve because other children seem restless and bored, he sees Johnny as the instigator of many classroom difficulties. He is not sure that Johnny is emotionally disturbed but believes that he fits the definition of a handicapped child who is not benefiting from instruction in the regular classroom. He thinks that Johnny should be placed in a special education program elsewhere for his own good. He feels the team should interpret this need to the parent.

APPENDIX I (Cont.)

Sim-2

YOUR OBERVATIONS AND RECORD REVIEW DATA You find that Miss T's classroom is arranged in traditional fashion. Rows are assigned according to reading groups. There are three reading groups. Miss T, as instructed by Mr. Reading-Supervisor, spends much time on drills of minimum basic skills in preparation for the upcoming MBS Test. Slower reading groups are receiving the most direct instruction. When Miss T works with that reading group, other children are expected to work independently at individually prepared workbook and dittoed assignments. Miss T invests much of her after school hours in the preparation of these assignments geared to each child's achievement level. She has a chart posted on the wall and children receive stars denoting achievement of basic skills as measured by mastery of the paper and pencil tasks. These tasks are offered in progression and children must demonstrate mastery of one set before the next group is offered. Practice of the same skill is provided in many different ways so that seat work is not repetitive.

You observe that Johnny is restless and seeks attention constantly. He is in the middle reading group. Although he begins his paper and pencil assignments, he is soon distracted, opens his desk, walks about, asks to go to the boys' room, and begins to talk to and play with children in neighboring seats. His progress chart on the wall is almost devoid of stars because he does not finish any of his work thus he may not receive the next skill packet.

You see that Miss T's methods of control with respect to Johnny are neutral at first. She walks past his seat and indicates what he should be doing. She calls out quiet corrections as necessary. As his distractibility increases and he requires more of her attention thus disrupting her direct teaching of the slow reading group, her tone becomes more annoyed and strident. She tells Johnny to do his work, to sit down, to pay attention. When this doesn't work and she becomes desperate, she tries another approach. She tells him to bring his work to the reading group and sit next to her coloring his assignment while she teaches others. She is obviously torn by the need to quiet this child and to attend to her teaching of the slow children. (Notes: Other children seem restless and bored. Miss T doesn't appear to offer any positive reinforcement to Johnny when he does pay attention or to any of the other children who are doing their work quietly as expected.)

Your review of Johnny's records indicates that he is an only child. He is about average in mastery of basic skills as measured by results of the MBS Pretest. He has a history of being somewhat "hyper" in school but was not seen to be a problem prior to his transfer to this school. Mrs. Parent, in previous conferences, has reported that he is not a problem at home. He now is responsible for taking care of himself until his mother comes home from work. Parents divorced a year ago. Mrs. Parent is working for the first time and is preoccupied with getting on with her new job and going to school so that she can advance professionally since she now realised that she will have to provide for her own future. She is said to be very resentful of father who "walked out for another woman" and left her with childrearing responsibilities. She had a good relationship with personnel in her neighborhood school and is uncomfortable with staff and parents here because she feels they "look down on her."

APPENDIX II

AN ECOLOGICAL APPROACH TO PREREFERRAL CONSULTATION AND INTERVENTION

Judith S. Howard Ph.D., Kean College of New Jersey

ANALYSIS OF CRITICAL COMPONENTS IN SIMULATED PREFERRAL SITUATION

I. THE WHO AND WHY APPROACH - THE MEDICAL OR LINEAR MODEL

1. JOHNNY IS PROBLEM - Identified by teacher, principal other mother, own observation
   a. Hyperactive? Physical difficulties?
   b. Learning Problems?
   c. Emotional Problems? Change in home situation?
2. TEACHER IS PROBLEM - Identified by principal, other mother, parent, own observations
   a. Unrealistic expectations for "seat work" tolerance?
   b. Poor management techniques?
   c. Inappropriate reinforcements?
3. PARENT IS PROBLEM (See 1a above)

II. THE WHAT WHERE AND WHEN APPROACH - THE SYSTEMS MODEL

1. District has started busing to achieve racial balance Therefore there are attendant social problems affecting staff, parents, children
2. School has poor MBS record that must be improved to achieve State approval and for political reasons
3. New Reading Supervisor has been employed and he has instituted a new method for teaching reading in an effort to raise scores
4. It is February, one month before MBS Testing
5. Principal is sensitive to outside pressures regarding possible negative perceptions of effects of desegregation, his school's low MBS scores, classroom management etc.
5. Teacher is nontenure and has reputation for poor discipline. Also is highly invested in her "seat work" assignments.
6. Principal is suddenly visiting class frequently which adds pressure to teacher's situation
7. Other children besides Johnny are restless and bored
8. The Child Study Team is perceived as unit which deals with uncooperative parents and which removes difficult children

APPENDIX III

AN ECOLOGICAL APPROACH TO PREREFERRAL CONSULATION AND INTERVENTION

Judith S. Howard, Ph. D., Kean College of New Jersey

OUTCOMES: SIMULATION SCENARIO

I. WHO AND WHY APPROACH - TRADITIONAL MEDICAL OR LINEAR MODEL

STRATEGY	TARGET
1.Referral	Child
2. Counseling Program	Child
3. Behavior Modification	Child
4. Parent Counseling	Parent(Child)
5. Family Therapy	Family(Child)
6. Teacher Consultation	
a. Inservice	Teacher
b. Behavior Modification Instruction	Teacher(Child)
c. Counseling	Teacher(Child)

OUTCOME: FIRST ORDER CHANGE - THE PROBLEM IS SEEN TO BE A PERSON. THE PERSON IS CHANGED OR REMOVED.

II. WHAT, WHERE, AND WHEN APPROACH - A CONCEPTUAL SHIFT TO THE SYSTEMS MODEL

STRATEGY	TARGET
1. Analyse the situation. Hold conference with principal, reading supervisor and teacher	System
AND	
2. Negotiate a change in MBS drill routine by developing solution such as changes in groupings, etc.	System
AND/OR	
3. Utilize I-2, I-3, and/or 1-6 (above) as your part of the contract	System Child/Teacher in Context

OUTCOME: SECOND ORDER CHANGE - THE PROBLEM IS VIEWED DIFFERENTLY AND SEEN TO BE THE SYSTEM NOT A PERSON. (VULNERABLE ADULTS AND VULNERABLE CHILD ARE VIEWED IN CONTEXT OF MBS/BUSING SITUATION.)

APPENDIX IV

Ethical and Legal Dilemma

TO CLASSIFY OR NOT TO CLASSIFY THE ISSUE[4]

Special Ed. Terminology:	+	Sociological Translation:
Educable Mental Retardate		Control of Deviancy Through Segregation

1. Differentials in Academic Achievement
2. Differentials in Intelligence Test Scores
3. Differentials in Classroom Behavior

DILEMMA OF COUNTERVAILING VALUES

"Equality of Opportunity and Structural Integration"	"Concerns for Individual Differences"
Children should be given equal access to knowledge and there should be structural integration of minority children in all schools.	Each child should be grouped with those similar to his own grade level performance so that instruction can be geared to his ability and performance level.
Strategy: Heterogeneous Grouping and Concern for Ethnic Balance in Regular and Special Education Classrooms - "Sink or Swim Approach"	Strategy: Homogeneous Grouping by Ability and/or Achievement Levels - "Prescriptive Education"

DILEMMA OF ACTION

1. One teacher handling wide disparity in academic performances	1. Ceiling on expectations set in motion a self-fulfilling prophecy
2. Reinforcing ethnic stereotypes	2. Evaluation by a "deviant normative structure" may produce unrealistic perceptions of societal norms.
	3. Grouping is most stringent of the sanctions; defines the person out of his "normal" role in the system into the role of an "outsider."
OUTCOME: Enhanced Striving and Conformity for the "Swimmers" vs. Alienation for the "Sinkers"	OUTCOME: Structural Resegregation vs. Alienation for the Stigmatized

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[4]Eysenck, H.J. The IQ argument. New York: Library Press, 1971, 150.